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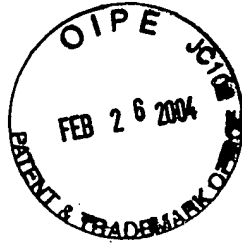
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7590

12/11/2003

Timothy J. Defer  
 Wildman, Harrold, Allen & Dixon  
 225 West Wacker Drive  
 Chicago, IL 60606



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Valeria C. Rodriguez

(Depositor's name)

*Valeria C. Rodriguez*  
 2/19/04

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/857,534	09/10/2001	Robert Alan D. Brash	U013501-7	4992

TITLE OF INVENTION: BODY SCANNING EQUIPMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	03/11/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
FULLER, RODNEY EVAN	2851	356-601000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

WICKS AND WILSON LIMITED

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

UNITED KINGDOM

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

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☐ Publication Fee  
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03/02/2004 FMEK12 00000068 09857534

01 FC:2501  
 02 FC:8001

665.00 OP  
 30.00 OP



WIC-1  
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: ) BODY SCANNING EQUIPMENT  
)  
Robert Alan D. Brash )  
)  
Application No. 09/927,003 ) Group Art Unit: 1762  
)  
Application Filing Date: 08/08/2001 ) Examiner: T. Meeks

**TRANSMITTAL LETTER**

Commissioner for Patents  
Mail Stop: ISSUE FEE  
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Sir:

Please find enclosed the following in the above-captioned patent application:

1. Issue Fee Transmittal (2); and
2. A check in the amount of \$665.00 for the Issue Fee and a check in the amount of \$30.00 for the printed patent copy fee.
3. Return Postcard Receipt

Please charge any additional fees to **Deposit Account No. 23-2126**. A duplicate of this transmittal is enclosed.

Please acknowledge receipt of the above by returning the enclosed stamped, self-addressed receipt card.

Respectfully submitted,

Date: 2/19/04

WILDMAN, HARROLD, ALLEN & DIXON  
225 West Wacker Drive  
Chicago, IL 60606  
Ph. 312/201-2000  
Fax 312/201-2555

By: [Signature]

Timothy J. Keefer  
Registration No. 35,567

**CERTIFICATE OF MAILING**

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